

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001210 (2)
1. Corporation Name

NATIONAL DUCT MASTIC MANUFACTURERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
214 ROYAL OAK CIRCLE LONGWOOD FL 32779-3548

3. Date Incorporated or Qualified 02/28/1995
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-3302638
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONAHAN, THOMAS A
214 ROYAL OAK CIRCLE
LONGWOOD FL 32779-3548

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BROGAN, KEVIN | |
| STREET ADDRESS | P.O. BOX 547606 | |
| CITY-ST-ZIP | ORLANDO FL 32854-7606 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PRATER, HARRY | |
| STREET ADDRESS | 2030 CENTURY CENTER BLVD STE 8 | |
| CITY-ST-ZIP | IRVING TX 75062 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KAISER, LARRY | |
| STREET ADDRESS | P.O. BOX 14669 | |
| CITY-ST-ZIP | HOUSTON TX 77221-4669 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WEMHOFF, PHIL | |
| STREET ADDRESS | 21 W CHURCH STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ARMSTRONG, HARRIS | |
| STREET ADDRESS | P.O. BOX 1239 | |
| CITY-ST-ZIP | WYLIE TX 75098 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | MCALLISTER, LARRY | |
| STREET ADDRESS | 549 WEST 13TH STREET | |
| CITY-ST-ZIP | APOPKA FL 32703 | |

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | 200001882862 | |
| 1.3 STREET ADDRESS | -07/03/96--01023--005 | |
| 1.4 CITY-ST-ZIP | ***61.25 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Thomas A. Monahan | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | 214 Royal Oak Circle | |
| 3.3 STREET ADDRESS | Longwood, FL 32779 | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Lyle R. Davis | |
| 4.3 STREET ADDRESS | 12652 Construction Circle E. | |
| 4.4 CITY-ST-ZIP | EVINE, CA 92714 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Holly Duquette | |
| 5.3 STREET ADDRESS | P.O. Box 029100 | |
| 5.4 CITY-ST-ZIP | Miami, FL 33102 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Jay Erickson | |
| 6.3 STREET ADDRESS | P.O. Box 1239 | |
| 6.4 CITY-ST-ZIP | Wylie, TX 75098 (NA) | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas A. Monahan 5-1-96 (407) 862-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)